



Stages and Processes of Change

For persons recovering from traumatic brain injury, the use of alcohol and other drugs can slow recovery and interfere with their ability to work and maintain family and social relationships. That means community professionals, like health care workers and those in human service agencies or vocational rehabilitation, may be called on to help persons change addictive behaviors in substance use or other life areas.

One theory of change successfully applied to addictions is the Stages of Change Theory by Prochaska, DiClemente and others. This theory, when combined with insights from Motivational Interviewing, can be used by community professionals to facilitate the change process for persons recovering from injury. (See Motivational Interviewing booklet in this series.)

The five Stages of Change are:

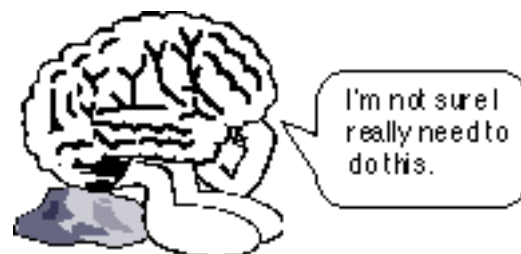
Precontemplation

In this stage, people are essentially unaware that a problem exists and, as a result, have no intention of changing their behavior in the foreseeable future. However, persons close to them may be aware of the existence of a problem. If a precontemplative individual is in treatment, it is normally only as a result of coercion by someone in their environment (e.g., spousal insistence, employer requirement, or legal mandate).



Contemplation

People in this stage are becoming aware that a problem exists; they may be considering behavior change but have not made a commitment, such as setting a goal. These individuals often are weighing the pros and cons of the addictive behavior, and may be either over-estimating the pros or under-estimating the cons.



Preparation

In this stage, people have the intention to change but have not established a specific goal. In the Preparation stage, people often reduce an addictive behavior, but not enough to have a qualitative effect on their life.



Maintenance

In this stage, people strive to consolidate the gains made during the Action stage, in particular to prevent relapse in their addictive behavior. Prochaska and colleagues believe that a person must be beyond six months of having successfully attained a desired change in order to be considered in the Maintenance versus the Action stage.



Action

People in this stage make changes in their behavior and alter their environment in order to attain their goal of modification of an addictive behavior.



How People Move Between Stages

In work at the Ohio Valley Center, we have identified several other common patterns, including "the convert," the isolated setback, and the "just when you're feeling hopeless." It is important to remember that each of these patterns occurs against a backdrop of relapsing and recycling. A steady, linear progression through the stages is rare.



"If only it were this easy to make a change"

Recycling/Relapsing Progression

A spiral process in which one can relapse and recycle through earlier phases is more common than a steady linear process. Persons who eventually are able to cease an addictive behavior show overall progress, with setbacks being smaller and shorter time being spent in previous stages.



"It's common for persons to relapse and recycle through earlier phases."

"The Convert"

The Convert quickly commits to new behavior, often while in the inpatient setting. After discharge, the Convert slips back into a precontemplative or contemplative stage.



"They may say they'll change but it takes some time to consolidate new attitudes and behaviors."

Isolated Setback

It is common when trying to change an undesired behavior to have periods or instances in which the person making the change falls back into the old behavior and thus returns to a previous stage of change. Normally, this relapse is of short duration, and the individual can resume the process of changing the behavior.



"It's not unusual to have an isolated setback. The person can learn from the experience and continue recovery."

"Just When You're Feeling Hopeless"

Some people will remain in a stage of precontemplation or contemplation for long periods of time even while receiving education and support to make changes. Then for reasons which are not always apparent, they begin to move through the stages rather quickly.



"Just when you're feeling hopeless, some people will suddenly move from precontemplation to action."

Getting to Action

Many theories and approaches take for granted that a person has identified a problem and is ready to make a change. Stages of Change Theory has made a major contribution to our understanding of behavior change by re-focusing attention on the early part of the process.



Precontemplation

Persons in a precontemplative stage move toward contemplating the problem with:

- more information about themselves
- more information about the problem
- opportunities to express feelings about the problem
- experiencing the impact of the problem on the people around them

A Tip: Education about the problem in general (rather than a person's particular symptoms and circumstances) is a good basis for a helping relationship at this stage.

Another Tip: For persons with cognitive and emotional changes due to brain injury, confrontation usually shuts down learning and exploration.

Still Another Tip: At this stage, be sure to heavily reinforce any expressions of the positive consequences of changing the problem behavior.

Contemplation

Persons in a contemplative stage move toward preparing to change by assessing how they feel and think about themselves and their problem.

A Tip: As much as possible, remain a neutral facilitator as people weigh their own pros and cons.

Another Tip: People often need help reassessing what they think are advantages of maintaining the problem behavior. Help people debunk their own myths.

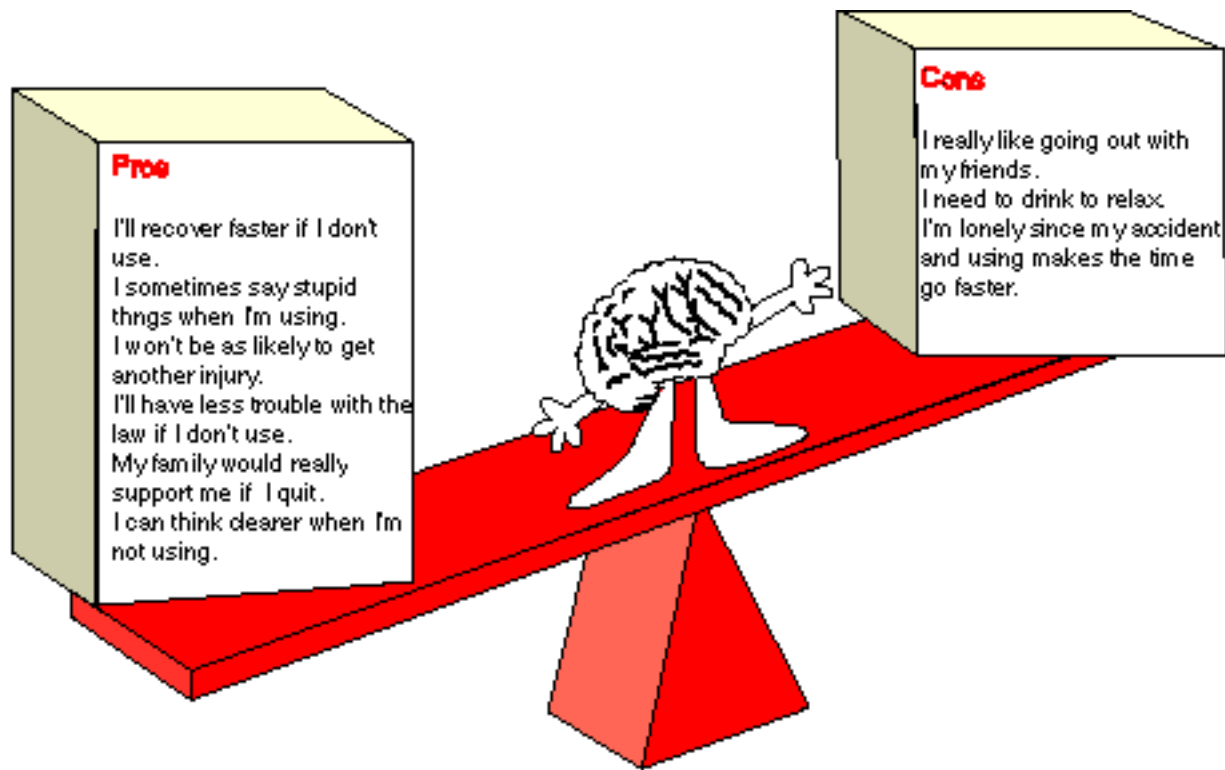
Still Another Tip: Don't let people "throw their self-efficacy out with the bath" — affirm self-worth and help instill confidence that we can change any behavior we set our minds to.

Preparation

Persons in the preparation stage move toward taking action by choosing to change and making a commitment to specific goals.

A Tip: The critical role of a helping relationship is to facilitate people turning their desire to change into a specific plan.

Another Tip: A commitment to significant others helps solidify a plan, but never lets people lose sight that their #1 customer is themselves.



Brain Injury/Substance Abuse "Utilities" Series

Whatever It Takes

10 principles for community professionals helping persons with brain injury.

ABUSE Screening

How to screen for substance abuse among persons with brain injury.

TBI Screening

How to screen for traumatic brain injury.

Stages of Change

How people change addictive behavior and what supports the change process.

Motivational Interviewing

A counseling technique to help people make difficult changes.

Community Teams

How community professionals can work together collaboratively.



FOR BRAIN INJURY PREVENTION
AND REHABILITATION

1166 Dodd Hall, 480 West 9th Avenue
Columbus, OH 43210

614-293-3802 Fax: 614-293-4870
www.ohiovalley.org

1997, 2000 copies

Prepared with financial assistance from Grant H 235L20001 awarded by the U.S. Department of Education, Rehabilitation Services Administration (RSA) to the Ohio Valley Center for Brain Injury Prevention and Rehabilitation